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CONFIRMATION NO. 2102

SERIAL NUMBER 09/844,757	FILING DATE 04/26/2001 RULE	CLASS 379 455	GROUP ART UNIT 2643 2684	ATTORNEY DOCKET NO. 7015-022
APPLICANTS Jae H. Shim, San Jose, CA; ** CONTINUING DATA ***** <i>None</i> ** FOREIGN APPLICATIONS ***** <i>None</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/23/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 16
			INDEPENDENT CLAIMS 2	
ADDRESS John F. Schipper, Esq. 111 N. Market Street, Suite 808 San Jose ,CA 95113				
TITLE Voice-based phone alert signal				
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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ADDRESS Jae Shim 5944 Killarney Circle San Jose , CA 95138					
TITLE Voice-based phone alert signal					
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		